

2365

dwife with each local Registrar within 5 days after birth.

PLACE OF BIRTH
County of Gila
District of Globe
Town of Globe
or City of Globe (No. _____ St. _____ Ward _____)

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS **129** State Index No. **499**
SUPPLEMENT ATTACHED
ORIGINAL CERTIFICATE OF BIRTH Co. Register No. 216
Local Registrar's No. _____

FULL NAME OF CHILD H K Grant
If child is not named, make Supplemental Report on blank obtainable from local registrar.

Sex of Child M Twin, Triplet or other _____ and Number in order of birth 3 Legitimate? yes Date of Birth Aug 12 1912
(Month) (Day) (Yr.)

FATHER
Full Name H E Grant
Residence Bailey Road St
Color or Race N Age at last Birthday 46 (Years)
Birthplace Nova Scotia
Occupation Carpenter

MOTHER
Full Maiden Name May Richardson
Residence Bailey Road St
Color or Race N Age at last Birthday 35 (Years)
Birthplace Ark
Occupation Housewife

Number of child of this mother 3 Number of children, of this mother, now living 3 Were precautions taken against Ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*
I hereby certify that I attended the birth of above child; and that it occurred on Aug 12 1912 at 11:40 M.
(Signature) R D Kennedy
(Attending physician midwife householder *)
Given or christian name added from a _____ Address Globe
supplemental report _____ 1912

Filed Aug 16 1912 B. G. Fox LOCAL REGISTRAR.
Filed Sep 4 1912 B. G. Fox COUNTY REGISTRAR.
873-812-495 COUNTY REGISTRAR.